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## APPLICANTS

Joseph D'Agosto, Darien, CT;

\*\* CONTINUING DATA \*\*\*\*\* none SA

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none SA

IF REQUIRED, FOREIGN FILING LICENSE \*\* SMALL ENTITY \*\*  
 GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR  COUNTRY CT	SHEETS  DRAWING 4	TOTAL CLAIMS 10	INDE (
Examiner's Signature <u>Shumaya</u>		Initials <u>SA</u>			

## ADDRESS

Alfred E. Miller  
 406 West Putnam Avenue  
 Greenwich , CT  
 06830

TITLE

Gag-less airway for snoring prevention

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